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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on June 3, 1998  
Name: Melissa Hardy  
Signature: Melissa Hardy Date: June 3, 1998

PATENT

Attorney Docket No. 65304-020

Applicant(s) : Eric McFarland, et al.  
Title : POTENTIAL MASKING SYSTEMS AND  
METHODS FOR COMBINATORIAL LIBRARY  
SYNTHESIS  
Serial No. : 08/941,170  
Filing Date : September 30, 1997  
Group Art Unit : 1815  
Examiner : Not Assigned

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MATRIX CUSTOMER  
SERVICE CENTER

Assistant Commissioner for Patents  
Washington, D.C. 20231

TRANSMITTAL LETTER

Sir:

Transmitted herewith (check all that apply):

<input type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Response/Amendment	<input type="checkbox"/> Petition Under 37 CFR 1.97(d)(2)
<input type="checkbox"/> Response/Amendment After Final	<input type="checkbox"/> Formal Drawings
<input type="checkbox"/> Supplemental Amendment	<input type="checkbox"/> Declaration Under 37 CFR 1.131
<input type="checkbox"/> Affidavits/Declarations	<input type="checkbox"/> Declaration Under 37 CFR 1.132
<input type="checkbox"/> Declaration and Power of Attorney	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Supplemental Declaration	<input type="checkbox"/> Small Entity Statement
<input checked="" type="checkbox"/> Power of Attorney	<input type="checkbox"/> Request for Refund
<input checked="" type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Appeal
<input checked="" type="checkbox"/> Associate Power of Attorney	<input type="checkbox"/> Petition
<input type="checkbox"/> Response to Missing Parts	<input type="checkbox"/> Status Letter

to be filed in the above-identified patent application.

Fee For Additional Claims:

A fee for additional claims is not required.  
 A fee for additional claims is required.

The additional fee has been calculated as follows:

		Extra Claims	Fee from below	Fee Paid
Total Claims		-20** =	X \$11	= \$
Independent Claims		-3** =	X \$41	= \$
First Presentation of a Multiple Dependent Claim			\$135	= \$
				<b>TOTAL (\$)</b>

\*\*or number previously paid, if greater; For Reissues, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	22	203	11	Claims in excess of 20
102	82	202	41	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	82	209	41	***Reissue independent claims over original patent
110	22	210	11	**Reissue claims in excess of 20 and over original patent

A check in the amount of \$ \_\_\_\_\_ in payment of the fee is transmitted herewith.

The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to Deposit Account No. 50-0490. A duplicate copy of this Transmittal Letter is transmitted herewith.

Please charge \$ \_\_\_\_\_ to Deposit Account No. 50-0490 in payment of the fee. A duplicate copy of this Transmittal Letter is transmitted herewith.

Respectfully submitted,



Ronald A. Krasnow  
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